

PLACE OF BIRTH
County of Gila
District of Arizona
Town of Miami
or
City of _____ (No. _____ St. _____ Ward)

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 159 State Index No. 892
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 287
Local Registrar's No. _____

FULL NAME OF CHILD Adelina Valenzuela } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child Female } and } Number in order of birth 5 } Legiti- mate? yes } Date of Birth Sept 21- 1916.
Twin, Triplet or other } (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	<u>Antonio R. Valenzuela</u>	Full Maiden Name	<u>Clara Trevisio</u>
Residence	<u>Lower Miami</u>	Residence	<u>Lower Miami</u>
Color or Race	<u>Mex.</u>	Color or Race	<u>Mex</u>
Age at last Birthday	<u>27</u> (Years)	Age at last Birthday	<u>27</u> (Years)
Birthplace	<u>Bisbee, Arizona</u>	Birthplace	<u>Sonora, Mexico</u>
Occupation	<u>Miner</u>	Occupation	<u>Housewife</u>

Number of child of this mother 5 Number of Children, of this mother, now living 5 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Sept 21, 1916, at LA, M.

{ *When there is no attending physi- }
cian or midwife, then the householder }
should make this return. } (Signature) Cyril M. Crow M.D.
(Attending physician, midwife, householder.)*

Given or Christian name added from a supplemental report _____ 1916 Address Box 29 - Miami, Fla.

Filed Sept 25 1916 LOCAL REGISTRAR
John H. Laack

151-921-336
COUNTY REGISTRAR.
Filed Oct 10 1916 A True Copy BY J. W. W.
COUNTY REGISTRAR.